



wfee

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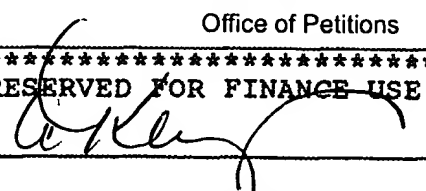
PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) 2001P14495US										
	In re Application of Stephen W. Edge											
	Application Number 09/971,990	Filed 10/04/2001										
	For Method And Apparatus For Wireless Network											
	Group Art Unit 2614	Examiner Tieu, Binh Kien										
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td style="text-align: right;">\$ 120.00</td> </tr> <tr> <td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td> <td style="text-align: right;">\$ 450.00</td> </tr> <tr> <td><input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td> <td style="text-align: right;">\$ 1,020.00</td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td> <td style="text-align: right;">\$ 1,590.00</td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td> <td style="text-align: right;">\$ 2,160.00</td> </tr> </table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____.</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>19-2179</u>.</p> <p>I have enclosed a duplicate copy of this sheet.</p> <p>I am the <input type="checkbox"/> applicant/inventor</p> <p style="margin-left: 40px;"><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p style="margin-left: 40px;"><input checked="" type="checkbox"/> attorney or agent of record.</p> <p style="margin-left: 40px;"><input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____.</p> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="text-align: center;"> <p><u>December 21, 2006</u></p> <p>Date</p> </div> <div style="text-align: center;"> <p></p> <p>Signature</p> <p>Brian K. Johnson</p> <p>Typed or printed name</p> </div> </div> <p><small>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</small></p>			<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$ 120.00	<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$ 450.00	<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$ 1,020.00	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$ 1,590.00	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$ 2,160.00
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<input checked="" type="checkbox"/> Total of <u>1</u> forms are submitted.												

12/28/2006 SFELEKE1 00000033 192179 09971990

02 FC:1253 1020.00 DA

Adjustment date: 02/07/2008 AKELLEY
12/28/2006 SFELEKE1 00000033 192179 09971990
02 FC:1253 1020.00 CR

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: 02/06/08		2 Serial/Patent # 09/971,990									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
<input type="checkbox"/>	Filing			\$							
<input type="checkbox"/>	Amendment			\$							
<input checked="" type="checkbox"/>	Extension of Time	WFEE	12/26/06	\$ 1,020.00							
<input type="checkbox"/>	Notice of Appeal/Appeal			\$							
<input type="checkbox"/>	Petition			\$							
<input type="checkbox"/>	Issue			\$							
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$							
<input type="checkbox"/>	Maintenance			\$							
<input type="checkbox"/>	Assignment			\$							
<input type="checkbox"/>	Other			\$							
			7 TOTAL AMOUNT OF REFUND	\$ 1,020.00							
10 REASON:		8 TO BE REFUNDED BY:									
<input type="checkbox"/>	Overpayment	<input type="checkbox"/>	Treasury Check								
<input type="checkbox"/>	Duplicate Payment	<input checked="" type="checkbox"/>	Credit Deposit A/C #:								
<input checked="" type="checkbox"/>	No Fee Due (Explanation):	9	<table border="1" style="display: inline-table; text-align: center;"> <tr> <td>1</td><td>9</td><td>--</td><td>2</td><td>1</td><td>7</td><td>9</td> </tr> </table>		1	9	--	2	1	7	9
1	9	--	2	1	7	9					
Extension filed outside extendable period for reply.											
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: Andrea M. Smith		TITLE: Petitions Examiner									
SIGNATURE: /Andrea M. Smith/		PHONE: 2-3226									
OFFICE: Office of Petitions											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: 		DATE: 2/7/08									

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**